

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

INSTRUCTIONS FOR PREPARING AND FILING FORM WH

Who Must File:

Any employer within or doing business within the City of Heath, Ohio who employs one or more persons is required to withhold the tax of (1.50%) from all compensation paid, accrued or set apart to the employee, and to file Form WH and remit tax to the Heath Income Tax Bureau.

Deposit Requirements:

Quarterly - If tax withheld or required to be withheld is less than \$100 per month, remittance is due by the last day of the month following the end of a quarterly period.

Monthly - If more than \$100 is withheld or required to be withheld, remittance is due by the last day of the following month. Any employer within the City of Heath on a temporary basis (1 year or less) is also required to remit withholding deposits monthly.

Failure to File Return and Pay Tax:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of one and one half percent (1.5%) per month (or fractional part thereof) and a late payment penalty of five percent (5.0%) per month (or fractional part thereof) to a

maximum of 100% of the tax due. The failure to receive a withholding deposit form shall not excuse an employer from making a return and depositing the taxes withheld.

How to Prepare This Form:

Line 1 - Enter qualifying wages as defined in O.R.C. 718.03, paid to all employees subject to Heath City tax during the period for which the return is made.

Line 2 - Enter actual tax withheld or required to be withheld during the period for which the return is made and indicate percentage rate used.

Line 3 - Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

Line 4 & 5 - See instructions under Failure to File Return and Pay Tax.

Line 6 - Enter total amount to be remitted.

NOTE: FOR COMPLETE DETAILS OF EMPLOYER REQUIREMENTS YOU MAY REQUEST A COPY OF THE TAX ORDINANCE FOR THE CITY OF HEATH.

Phone no. .

CI	CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD AMENDED						
1.	Taxable Earnings paid all Employees subject		DO NOT ROUND	Lhere			
••	to City of HEATH, Ohio, 1.50% (.0150) Income Tax			conta			
	ls this a courtesy withholding?	1.	\$	(Signe			
2.	Actual Tax Withheld in month/quarter for City	2.	\$	Feder			
3.	Adjustment of Tax for prior quarter (see instructions)	3.	\$	Phone			
4.	Penalty (5% per month – max 100%)	4.	\$	1			
5.	Interest (1.5% per month)	5.	\$	Ī MA			
6.	Total – (Lines 2-5)	6.	\$] ""			

NAME AND ADDRESS

FOR THE PERIOD ENDING **JANUARY 31, 2012**

DUE ON OR BEFORE **FEBRUARY 28, 2012**

hereby certify that the information and statements
contained herein are true and correct.

RETURN WITH PAYMENT

(Signed) _ (Official Title) __ Date Federal ID no. _

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF HEATH

MAIL TO: CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD.

HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

1.	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements
	to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding?		contained herein are true and correct.
	Is this a final return?	. \$	(Signed) Date
2.	Actual Tax Withheld in month/quarter for City	2. \$	Federal ID no
3.	Adjustment of Tax for prior quarter (see instructions)	s. \$	Phone no.
	Penalty (5% per month – max 100%)4		THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW
	Interest (1.5% per month)		
	Total – (Lines 2-5)		MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF HEATH
IΑN	ME AND ADDRESS	FOR THE PERIOD ENDING FEBRUARY 28, 2012	1287 HEBRON RD.
		DUE ON OR BEFORE MARCH 31, 2012	HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427 If receipt is desired, submit additional copy
	RM WH-M TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TA	X WITHHELD	AMENDED RETURN WITH PAYMEN
	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements
	to City of HEATH, Ohio, 1.50% (.0150) Income Tax		contained herein are true and correct.
	Is this a courtesy withholding?	. \$	(Signed)
	If yes, attach explanation		(Official Title) Date
	Actual Tax Withheld in month/quarter for City	2. \$	Federal ID no.
	Income Tax 1.50% .25% Both		Phone no.
•	Adjustment of Tax for prior quarter (see instructions)		THIS RETURN MUST BE FILED ON OR
	Penalty (5% per month – max 100%)	· L	BEFORE THE DUE DATE SHOWN BELOW
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i.	Total – (Lines 2-5)). \$	MAIL TO:
Αħ	ME AND ADDRESS	FOR THE PERIOD ENDING MARCH 31, 2012	CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD.
		DUE ON OR BEFORE APRIL 30, 2012	HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427
Vot	ify the Income Tax Bureau promptly of any change in ownership or name	and address shown above.	If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.
	RM WH-M	V.MITHELD -	
∠ 1	TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TA	DO NOT ROUND	AMENDED RETURN WITH PAYMEN
1.	Taxable Earnings paid all Employees subject to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding?	DO NOT ROUND	I hereby certify that the information and statements contained herein are true and correct.
	Is this a final return? YES NO 1	. \$	(Signed)
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	Total – (Lines 2-5)		CITY OF HEATH
ΙΑΝ	ME AND ADDRESS	FOR THE PERIOD ENDING APRIL 30, 2012	MAIL TO: CITY OF HEATH INCOME TAX BUREAU
		·	1287 HEBRON RD. HEATH, OHIO 43056-1096
		DUE ON OR BEFORE	TELEPHONE (740) 522-3427

MAY 31, 2012

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

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1.	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements
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	ls this a final return? ☐ YES ☐ NO 1. If yes, attach explanation	\$	(Signed) Date
2.	Actual Tax Withheld in month/quarter for City 2.	\$	Federal ID no.
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ΙΑΝ	ME AND ADDRESS	FOR THE PERIOD ENDING MAY 31, 2012	MAIL TO: CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD. HEATH, OHIO 43056-1096
		DUE ON OR BEFORE	TELEPHONE (740) 522-3427
		JUNE 30, 2012	If receipt is desired, submit additional copy
loti	fy the Income Tax Bureau promptly of any change in ownership or name a	and address shown above.	and enclose self-addressed, stamped envelope.
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) \ 	TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX	 	MENDED RETURN WITH PAYMENT
	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements
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	If yes, attach explanation		(Official Title) Date
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	10tal – (Lines 2-3)	Ψ	
A٨	IE AND ADDRESS	FOR THE PERIOD ENDING JUNE 30, 2012	MAIL TO: CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD.
		DUE ON OR BEFORE	HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427
		JULY 31, 2012	If receipt is desired, submit additional copy
			and enclose self-addressed, stamped envelope.
	ify the Income Tax Bureau promptly of any change in ownership or name a RM WH-M	and address shown above.	
) <u> </u>	ry of Heath, Ohio, Employer's Return of Ta	X WITHHELD DA	MENDED RETURN WITH PAYMENT
	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements
	to City of HEATH, Ohio, 1.50% (.0150) Income Tax	:	contained herein are true and correct.
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A٨	ME AND ADDRESS	FOR THE PERIOD ENDING JULY 31, 2012	MAIL TO; CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD.
		DUE ON OR BEFORE	HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427

AUGUST 31, 2012

TELEPHONE (740) 522-3427

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above. FORM WH-M

CIT	'Y OF HEATH, OHIO, EMPLOYER'S RETURN OF TA	K WITHHELD A	MENDED RETURN WITH PAYMEN		
1.	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements		
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	If yes, attach explanation	*	(Official Title) Date		
2.	Actual Tax Withheld in month/quarter for City	\$	Federal ID no		
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3.	Adjustment of Tax for prior quarter (see instructions)		THIS RETURN MUST BE FILED ON OR		
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		AUGUST 31, 2012	1287 HEBRON RD.		
		DUE ON OR BEFORE	HEATH, OHIO 43056-1096 TELEPHONE (740) 522-3427 If receipt is desired, submit additional copy		
		SEPTEMBER 30, 2012			
Noti	fy the Income Tax Bureau promptly of any change in ownership or name a	and address shown above.	and enclose self-addressed, stamped envelope.		
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	Is this a final return? YES NO 1.	\$	(Signed)		
_	If yes, attach explanation		(Official Title) Date		
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3.	Adjustment of Tax for prior guarter (see instructions)	\$	Phone no.		
4.	Penalty (5% per month – max 100%)	-	THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW		
5.	Interest (1.5% per month)5.	-			
6.	Total – (Lines 2-5)		MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF HEATH		
	ALD ADDDESO	FOR THE REPION SHIPMIN	MAIL TO:		
NAN	ME AND ADDRESS	FOR THE PERIOD ENDING SEPTEMBER 30, 2012	CITY OF HEATH INCOME TAX BUREAU		
			1287 HEBRON RD. HEATH, OHIO 43056-1096		
		DUE ON OR BEFORE OCTOBER 31, 2012	TELEPHONE (740) 522-3427		
		0010BER 01, 2012	If receipt is desired, submit additional copy		
	fy the Income Tax Bureau promptly of any change in ownership or name	and address shown above,	and enclose self-addressed, stamped envelope.		
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	Is this a final return?	\$	(Signed)		
^	If yes, attach explanation		(Official Title) Date		
2.	Actual Tax Withheld in month/quarter for City	\$	Federal ID no		
3.	Adjustment of Tax for prior quarter (see instructions)	\$	Phone no.		
4.	Penalty (5% per month – max 100%)		THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW		
5.	Interest (1.5% per month)5		1		
6.	Total – (Lines 2-5)		MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF HEATH		
NIA.	<u>, , , , , , , , , , , , , , , , , , , </u>		J MAIL TO:		
IVAN	ME AND ADDRESS	FOR THE PERIOD ENDING OCTOBER 31, 2012	CITY OF HEATH INCOME TAX BUREAU		
		,	1287 HEBRON RD. HEATH, OHIO 43056-1096		

DUE ON OR BEFORE

NOVEMBER 30, 2012

TELEPHONE (740) 522-3427

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above. FORM WH-M

1.	Taxable Earnings paid all Employees subject	DO NOT ROUND	I hereby certify that the information and statements contained herein are true and correct.			
	to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding?		(Signed)			
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2,	Actual Tax Withheld in month/quarter for City	 	Federal ID no.			
•	Income Tax 1.50% .25% Both		Phone no.			
	Adjustment of Tax for prior quarter (see instructions) 3.	\$				
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	Interest (1.5% per month) 5.	\$	MAKE CHECK OR MONEY ORDER PAYABLE TO			
	Total – (Lines 2-5) 6.	\$	CITY OF HEATH			
AI	ME AND ADDRESS	FOR THE PERIOD ENDING NOVEMBER 30, 2012	MAIL TO: CITY OF HEATH INCOME TAX BUREAI 1287 HEBRON RD. HEATH, OHIO 43056-1096			
		DUE ON OR BEFORE	TELEPHONE (740) 522-3427			
		DECEMBER 31, 2012	If receipt is desired, submit additional copy			
	ify the Income Tax Bureau promptly of any change in ownership or name a RM WH-M	and address shown above.	and enclose sell-addressed, stamped envelop			
O			and enclose self-addressed, stamped envelop 1ENDED RETURN WITH PAYME			
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	TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX Taxable Earnings paid all Employees subject to City of HEATH, Ohio, 1.50% (.0150) Income Tax	X WITHHELD - AM	1ENDED RETURN WITH PAYME			
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	TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX Taxable Earnings paid all Employees subject to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding?	X WITHHELD	I hereby certify that the information and statements contained herein are true and correct. (Signed) (Official Title) Federal ID no. Phone no.			
	TY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX Taxable Earnings paid all Employees subject to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding?	X WITHHELD	I hereby certify that the information and statements contained herein are true and correct. (Signed)			
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JANUARY 31, 2013

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above.

GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation on the City of Heath Form WH-R. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Heath tax. The listing shall require the same type of information as is required of the W-2 form.

Any individual (s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before the last day of February of each year. All 1099's or earning statements shall require the same type of information as is required of the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form WH-R must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Sections 1,2,3,4, and 5 must be completed. The total tax paid should be equal to 1.50% (or the reduced courtesy withholding rate) of box 1. The completed Form WH-R and all attachments must be submitted to the Heath Income Tax Bureau, 1287 Hebron Rd., Heath, Ohio 43056-1096 on or before February 28 of each year. Failure to file Form WH-R with attachments by February 28 each year will result in a penalty of \$25. Any questions in completing the Form WH-R should be referred to the Income Tax Bureau at (740) 522-3427.

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

CITY OF HEATH ANNUAL RECONCILIATION SUBMIT BY FEBRUARY 28, 2013. W-2'S MUST BE ATTACHED	JANUARY	JULY	ALL SECTIONS MUST BE COMPLETED
MAIL TO: CITY OF HEATH INCOME TAX BUREAU	FEBRUARY	AUGUST	1. TOTAL HEATH W-2'S #
1287 HEBRON RD. HEATH, OHIO 43056-1096	MARCH	SEPTEMBER	2. HEATH WAGES SUBJECT TO WITHHOLDING TAX \$
PHONE: (740) 522-3427 FOR TAX YEAR ENDING:	1ST QUARTER	3RD QUARTER	3. AMOUNT OF HEATH TAX WITHHELD \$
PAYMENT ENCLOSED	APRIL	OCTOBER	4. ADJUSTMENT WITH THIS RETURN \$
REFUND REQUESTED	MAY	NOVEMBER	5. TOTAL HEATH TAX PAID \$
	JUNE	DECEMBER	
NAME:	2ND QUARTER	4TH QUARTER	
	I hereby certify that t	he information and st	atements contained herein are true and correct
	Signed		Title
	Federal ID no		Date
FORM WH-R	Phone no		

WITHHOLDING TAX WORKSHEET

WITHHOLDING TAX WORKSHEET (Keep for your records - Do not file) (Keep for your records - Do not file)

Month Ending	Due Date	Check #	Date	Amount	Month Ending	Due Date	Check #	Date	Amount
1/31	2/28				7/31	8/31			
2/29	3/31				8/31	9/30			
3/31	4/30				9/30	10/31			
4/30	5/31				10/31	11/30		<u></u>	
5/31	6/30				11/30	12/31			
6/30	7/31				12/31	1/31			